



VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002

713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: www.vippassports.com Email: info@vippassports.com

WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

CREDIT CARD INFORMATION:

CARD#: _____
EXP. DATE: _____ CVV#: _____

**SIGNATURE OF CARD HOLDER
REQUIRED:** _____

BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: _____

**AUTHORIZED AMOUNT TO CHARGE MY
CREDIT CARD: US\$** _____

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE OF BIRTH: _____

DATE YOU NEED PASSPORT: _____

VIP RESERVATION/FILE LOCATOR NUMBER: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY_____ WALK-IN__



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RWANDA BUSINESS VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) U.S. PASSPORT (MUST HAVE AT LEAST 1 BLANK VISA PAGE AND THE PASSPORT MUST HAVE A MINIMUM OF 6 MONTHS REMAINING VALIDITY)
- 2.) TWO (2) RECENT PASSPORT-TYPE PHOTOGRAPHS (2x2) ON A WHITE BACKGROUND
- 3.) TWO (2) COMPLETED APPLICATIONS
- 4.) LETTER OF INVITATION FROM THE INVITING COMPANY IN RWANDA (THE CONSULATE WILL ACCEPT A SIGNED COPY OF THE LETTER AS LONG AS IT IS VERY CLEAR)
- 5.) A U.S. COMPANY LETTER OF GUARANTEE DETAILING THE FOLLOWING REQUIREMENTS:
 - ON U.S.-BASED COMPANY LETTERHEAD
 - ADDRESSED TO THE EMBASSY OF RWANDA
 - STATING THE NATURE OF BUSINESS TO BE PERFORMED
 - DETAIL THE NAME & ADDRESS OF REFERENCE IN RWANDA
 - GUARANTEE OF SUFFICIENT FUNDS & RETURN TRANSPORTATION
- 6.) COPY OF HOTEL CONFIRMATION
- 7.) COPY OF TRAVEL ITINERARY
- 8.) COPY OF APPLICANT'S DRIVER'S LICENSE
- 9.) INTERNATIONAL HEALTH CERTIFICATE SHOWING INOCULATIONS FOR YELLOW FEVER
- 10.) CONSULATE FEE (S):
 - \$30.00 REGULAR 5 TO 8 DAY PROCESS
 - \$60.00 4 DAY OR LESS RUSH PROCESS

CONTINUED →



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VALIDITY: BUSINESS VISAS ARE ISSUED AND VALID FOR UP TO 90 DAYS FROM THE DATE OF ISSUE. THE VISA WILL BE VALID FOR A STAY ACCORDING TO THE DATES SPECIFIED ON YOUR APPLICATION, NOT TO EXCEED 90 DAYS. THE VALIDITY OF THE VISA IS ISSUED AT THE SOLE DISCRETION OF THE VISA OFFICER.

REVISED: 29/47/4239*UFN+



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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DATE: _____

EMBASSY/CONSULATE OF: _____

GENTLEMEN:

MR. / MRS. (**TRAVELER**) IS ONE OF OUR EMPLOYEES WHO IS
ENGAGED AS (**POSITION**) FOR (**COMPANY NAME**). MR. / MRS.

(**TRAVELER**) PLANS TO VISIT (**CITY**) FOR THE PURPOSE OF (**DETAILED
EXPLANATION OF TRIP**) WITH (**COMPANY TO BE VISITED**).

MR. / MRS. (**TRAVELER**) WILL BE DEPARTING THE UNITED STATES ON
(**DATE**) AND WILL BE STAYING FOR (**LENGTH OF TRIP**). OUR COMPANY,
(**EMPLOYER**), WILL GUARANTEE MR. / MRS. (**TRAVELER**) MAINTENANCE
AND WILL BE RESPONSIBLE FOR HIS / HER WELFARE WHILE IN YOUR
COUNTRY. HE / SHE IS IN POSSESSION OF SUFFICIENT FUNDS FOR HIS / HER
STAY AND HAS PREPAID TRANSPORTATION TO RETURN TO THE UNITED
STATES.

WE WOULD BE VERY APPRECIATIVE IF YOU WOULD ISSUE MR. / MRS.
(**TRAVELER**) THE APPROPRIATE (**SINGLE OR MULTIPLE**) ENTRY BUSINESS VISA
AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

(**SUPERVISORS SIGNATURE**)

PLEASE BE SURE THAT THE PERSON WHO AUTHORIZED YOUR TRIP SIGNS THIS
LETTER. THE TRAVELER SHOULD NOT SIGN THIS LETTER.

DO NOT ATTENTION THIS LETTER TO VIP SERVICES!



Attach
Photo
Here

EMBASSY OF RWANDA
1875 Connecticut Avenue, NW Suite 418
Washington, D.C., 20009
Tel: (202) 232-2882/3/4
Fax: (202) 232 - 4544

Visa Application Form

1. Visa applied for: Transit: Business: Tourism Other:

2. Date of entrance No of entries:..... Length of stay.....

3. Surname:..... Forenames:.....

4. Date and place of birth:.....

5. Nationality at birth:.....

6. Marital Status: Single: Married: Divorced:

7. Name of spouse.....Nationality.....

8. Date and place of birth of spouse:.....

9. Applicant permanent address:.....

10. Occupation:.....

11. Employer and address:.....

12. Telephone: Office:..... Home:..... E-mail:.....

13. Passport number:.....

14. Name of the institution that issued the passport:.....

15. Date of issue:..... Date of expiry:.....

16. Mother's maiden name:.....

17. Date of your last visit to Rwanda:.....

18. Reason for your present journey:.....

19. Address, telephone/fax contact during your stay in Rwanda:.....

20. Name of children accompanying D.O.B Gender

.....
.....

I hereby confirm that all information provided is the best of my knowledge.

Signature:..... Date:.....

Please do not write below this line (Official use only)

Visa no:..... Valid form:..... To:..... No of entries.....

Date of issue:..... Receipt no:..... Signature:.....